

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	PH		10/21/01
<b>FORMALITY REVIEW</b>	DS	65393	12/20/01
<b>RESPONSE FORMALITY REVIEW</b>	TAWS	110416	5-9-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) .. Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	2/15/02
2		N	7/26/02
3		N	4/16/03
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28		N	7/26/02
29		N	4/16/03
30		✓	✓
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49		N	
50		✓	✓

Claim	Final	Original	Date
51	51	51	2/15/02
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55		✓	0
56		✓	0
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy